

*To the Bootle Rural District Council.*

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# ANNUAL REPORT

FOR 1905.

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RAVENGLASS,

*January 21st, 1906.*

GENTLEMEN,

I beg to place before you my Annual Report and accompanying tables of vital statistics.

From these tables you will see that there is a decrease in Birth-rate and slight increase in the Death-rate.

The Zymotic death-rate is low considering the number of infectious cases. Infant mortality is also low, a very important fact, as the very large number of children dying under the age of one year is becoming very serious, and the cause or causes are being urgently sought for. The chief causes, I think, will be found to be bad feeding, bad hygiene and surroundings—maternal ignorance.

Heart disease is responsible for 13 deaths; Bootle and Millom are responsible for most of the deaths, as last year, viz., 17 and 15 respectively, chiefly at an advanced age.

*Scarlet Fever.*—We have again a large number of infectious cases, 46 against 43 last year; 37 cases of Scarlet Fever, 6 cases of Diphtheria. Bootle is responsible for 18 cases as last year of Scarlet Fever, and Seascale 8 cases. The origin of the Seascale outbreak was, undoubtedly, imported, and the infecting case was so mild that it was unrecognised—the case

was at a Christmas party—fortunately only 5 cases occurred, and all were isolated promptly, including the “infecting case” at Bootle. Two “return” cases resulted from these—everything was done to prevent further outbreak, and I am glad to say no other houses became infected. The Bootle cases were a continuation of the outbreak I mentioned in my Report for 1904, and most of them were of the very mild form, which was the cause of the prolonged epidemic, the “infecting” cases not being diagnosed. The Workhouse Isolation Hospital was used to try and check the outbreak, but owing to the extremely slight symptoms, children having the disease were attending the school—thus it was some time before the disease was stamped out, the last case being in September. 26 cases were taken to the Hospital, and considering the poor accommodation, and overcrowding from great desire to check the outbreak, the ultimate results were more satisfactory than was expected. We had the usual “return” cases from Isolation Hospital-treatment. One “infecting” case developing a nasal discharge a week after arriving home, and he had been in Hospital 8 weeks; two cases developing in the house. It is agreed that a cold or any discharge from the nose is apt to be attended by a recrudescence of infection. The other two “infecting” cases having no apparent cause of infection: after being detained in Hospital for 10 and 12 weeks, might be termed “carriers” of the disease or passive agents; and an explanation which has been advanced is, that the “infecting” case at the time of discharge has not eliminated his own infection derived from his original attack, in consequence of the process of elimination being retarded by the surcharging of the atmosphere with infection by the aggregation of patients. This cause of retardation is probably due chiefly to infection by sepsigenic organisms, to which aggregation predisposes. The percentage of “return” cases for the most up-to-date Infectious diseases with every convenience is about 4·2. There were few complications, three cases had enlarged glands—nasal and aural discharges. One very mild case, a few days after being admitted, had a relapse with all the signs and symptoms of Scarlet Fever well marked, and was the most severe case we had in Hospital. This case bears out the theory that all cases of Scarlet Fever of varying types of severity should not be in one ward, for the very mild cases are liable to receive

superadded infection. During the summer months, the convalescent patients were kept in the fresh air in the garden as much as possible to try and prevent the ill-effects from aggregation. The children attending the School in the village of Bootle were the greatest sufferers, and unrecognised cases were attending school, which was the cause of the disease being so persistent. Schools were closed for a time and well disinfected with Formalin Vapour; all infected houses visited and disinfected; the Schools visited weekly, and every precaution taken to arrest further outbreak.

Three cases occurred at Drigg Vicarage amongst the servants. One having gone home ill to Holmrook developed Scarlet Fever, and was too ill to be removed to Hospital. Two others, who were probably "*Scarletina sine eruptione*," as no eruption was noticed—although it might have been transient and not seen, with other symptoms well marked—were sent to the Conjoint Hospital, Crab Marsh, Millom, a distance of over 20 miles, who although not very ill suffered considerably from the long and tedious journey. This disease is no longer characterized by its old terrors, and yet much of the old dread attaching to it remains. Last year the mortality of Scarlet Fever throughout England and Wales was only *one third* of that for Whooping Cough, less than half of that from Measles, and only a little more than half that from Diphtheria. Thirty years ago the fatality of the disease was estimated at from 7 to 10 per cent., but of late years, as proved by the Notification Act, it is 1·5 to 2 per cent.

*Diphtheria*.—One sporadic case in Irton at Moorgate Farm, the surroundings at the time being very wet and damp.

Four cases at Moor Green Farm, Whitbeck, two of which I regret to say proved fatal. The immediate surroundings were in a very insanitary condition, a report was sent to the owner of the farm with the necessary improvements required—which have been carried out. The sixth case was at Silecroft and the source no doubt was from Moor Green.

With regard to the treatment of this serious disease, there is no doubt but the antitoxin treatment is most valuable and if administered in the early stages saves many lives and prevents serious complications, some writers go so far as to say, it is criminal not to use it. The difficulty in wide country districts

is to obtain the serum early enough. I should strongly advise the Council to offer to supply the serum gratuitously to all medical men in our District and to make a contract with some of the large firms supplying it, through a chemist in Whitehaven and Millom. Then by telegram and train, it should be at hand in a very short time in any part of our District—and to urge upon the practitioners to use it early, especially in “suspicious” cases without waiting for the result of a Bacteriological Examination.

*Enteric*.—One case at Silcroft—origin could not be traced.

*Erysipelas*.—Two cases.

*Measles*.—A few cases during the year, but owing to not being notifiable and generally no medical attention it is impossible to obtain information.

*Tuberculosis*.—Four cases.

*Heart Disease*.—Thirteen cases, which is a high rate.

The amount of general sickness throughout the year has not been great.

*Sanitary Work*.—Many premises have been visited during the year and the sanitary arrangements inspected by myself and Mr. Pickering the Sanitary Inspector, and any insanitary condition pointed out and remedied. One or two small sewerage schemes have been carried out during the year.

A few more houses are being built in Seascale and I again ask the Council to give particular attention to the plans of the houses—as to style, position of drains and ventilators, and if the village increases northward I think it would be advisable to think of a new system of sewer to open into the sea towards Sellafeld—as the main sewer of the present system opens into the sea at a most undesirable place, and with the increase of number of houses, there will be great increase of sewage. The opening of the sewer should be north of Seascale as the sea currents go northward.

The ash pit arrangement is still unsatisfactory in Seascale, several houses are without and others are being built without.

Houses are much better without this insanitary addition, but those without should be supplied with dust bins and have

them emptied systematically.

The Dairy Farms have been visited regularly and inspected and any necessary requirements noted and carried out—as a rule they conform fairly well with the laws laid down by the Local Government Board and Local Authority—I think it would be a great benefit if the milk was tested several times a year for the required percentage of fat, for there are many cream separators used in the District.

The work required by the Factories and Workshops Act is very slight in our District, and what inspections are required are carried out during the ordinary routine of work.

*Water.*—The various water schemes are satisfactory in every way, especially the last “The Deooke Water Scheme,” which still gives universal satisfaction.

I regret to say Eskdale Green is still without a supply and is in most urgent need of one. I trust you will give this locality your serious consideration as soon as possible.

*Isolation Hospitals.*—In my last Report I brought before you the most unsatisfactory arrangements we had with regard to Infectious Hospitals, and how inconvenient it would be for the Rural District if the suggested scheme of co-operation with the Urban District was carried out and the Hospital erected on Crab Marsh.

I regret however that you have completed the arrangements for the above-mentioned scheme, as I am afraid it will be difficult to make use of a Hospital so far away.

When the three cases of Scarlet Fever occurred in Drigg in December—two being slight cases were sent to Crabb Marsh and the long journey in the jolting Ambulance was very unsatisfactory, one patient arriving in total collapse. The third patient I found too ill to remove such a distance—in fact it will be only very slight cases that can be sent so far away.

With regard to a Smallpox Hospital, I feel sure if Vaccination and Re-Vaccination were universally acquiesced in, Smallpox Hospitals could eventually, and at no distant date, be altogether done away with. In Germany where Vaccination and Re-Vaccination are compulsory, it is well-known that there are no Smallpox Hospitals and none are required.



I am afraid that Smallpox Hospitals will remain necessary adjuncts to prevention for many years to come, where the community has a little too much licence in this free country.

*Schools.*—Last August I wrote the District Council and also the Secretary of the Educational Department for Cumberland with regard to the dangerous practice of exchanging reading books, etc., from one school to another as a ready means of conveying infectious and contagious diseases. Books are very difficult to disinfect, it is almost impossible to do it, you cannot disinfect each leaf. Are the District Council, or School Managers, responsible for the disinfecting of the books, etc., after infectious cases have occurred in the Schools—? I think it is very important that all the Schools in our District should be inspected as to proper ventilation, etc., as I am sure the stuffy atmosphere of Schools harbour the germs of “ordinary colds,” Pneumonia, etc.,—and are the cause of School Children having “colds” so frequently. I feel sure that some of the vast amount of money spent upon the education of children might be more profitably spent in teaching them general and personal Hygiene—physical exercises, especially breathing exercises—We hear a great deal about feeding School Children which in some cases, is very necessary, but I should also like to add to the feeding—inspection and attention to their eyes, ears and teeth.

Again thanking you and other officials for the aid that has been rendered to me in the dischargs of my duties.

I am Gentlemen,

Your obedient Servant,

E. EDEN CASS,

*Medical Officer of Health.*

TABLE A.—POPULATION.

Census, 1881	..	..	..	..	..	5,992
„ 1891	..	..	..	..	..	5,982
„ 1901	..	..	..	..	..	5,469
Estimated to middle of 1905	..	..	..	..	..	5,345

## BIRTHS and DEATHS (with their rates).

			Births.	Birth-rate.		Deaths.	Death-rate.
1896	..	..	126	21.1	..	73	12.2
1897	..	..	138	23.09	..	94	15.7
1898	..	..	130	21.7	..	67	11.2
1899	..	..	141	23.6	..	83	13.8
1900	..	..	112	18.7	..	72	12.05
1901	..	..	116	21.3	..	68	12.5
1902	..	..	120	22.1	..	79	14.6
1903	..	..	123	22.9	..	104	19.4
1904	..	..	127	25.5	..	68	13.7
1905	..	..	115	21.3	..	73	13.5

TABLE B.—DEATHS.

	1896.	1897.	1898.	1899.	1900.	1901.	1902.	1903.	1904.	1905.
Under 1 year..	9	14	10	12	11	4	17	14	9	6
1 and under 5 years	6	3	5	4	7	3	3	7	1	6
5 „ 15 „	2	4	0	5	4	3	1	5	1	2
15 „ 25 „	2	4	5	4	0	4	1	6	0	3
25 „ 65 „	22	18	21	26	15	24	19	31	31	27
65 years & upwards	32	51	27	32	35	30	38	41	26	29
Totals	73	94	67	83	72	68	79	104	68	73

TABLE C.

	1896.	1897.	1898.	1899.	1900.	1901.	1902.	1903.	1904.	1905.
BIRTHS.—Males	77	75	73	80	57	74	72	64	64	62
Females..	49	63	57	61	55	42	48	59	63	53
Totals	126	138	130	141	112	116	120	123	127	115
DEATHS.—Males	42	53	31	45	41	35	35	59	44	41
Females..	31	41	36	38	31	33	44	45	24	32
Totals	73	94	67	83	72	68	79	104	68	73
Inquests ..	5	5	3	6	8	6	2	9	5	1
Uncertified Deaths	0	2	0	1	1	1	0	2	0	0
Deaths in Workhouse	4	4	3	7	3	8	3	8	4	6

TABLE D.—ZYMOTIC DEATH-RATE.

1895==.3	1896==.5	1897==.5	1898==.1	1899==1.1	1900==.6
	1901==.3	1902==.8	1903==.7	1904==.2	1905==.5

TABLE E.

Infant Mortality, 1896	...	...	...	...	70
" 1897	...	...	...	...	101.4
" 1898	...	...	...	...	76.2
" 1899	...	...	...	...	85.1
" 1900	...	...	...	...	98.2
" 1901	...	...	...	...	34.4
" 1902	...	...	...	...	141.6
" 1903	...	...	...	...	113.8
" 1904	...	...	...	...	70.8
" 1905	...	...	...	...	52.1

TABLE F.

			1904.			1905.					
			BIRTHS.			DEATHS.			BIRTHS.		
			Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Birker and Austhwaite	...	...	...	1	1	...	1	1	...	...	...
Bootle	...	...	7	8	15	7	5	12	9	10	19
Corney	...	...	3	2	5	1	...	1	1	2	3
Drigg	...	...	2	6	8	3	...	3	7	2	9
Eskdale	...	...	5	3	8	5	1	6	1	6	7
Wastdale	...	...	...	...	...	1	...	1	1	1	2
Irton	...	...	5	7	12	2	1	3	4	4	8
Millom	...	...	21	19	40	9	10	19	15	12	27
Muncaster	...	...	7	8	15	5	4	9	5	6	11
Ulpha	...	...	4	3	7	3	2	5	5	2	7
Waberthwaite	...	...	2	2	4	...	...	...	2	2	1
Whitbeck	...	...	1	1	2	...	...	...	2	...	2
Whicham	...	...	5	2	7	2	...	2	9	4	13
Seascale	...	...	2	1	3	6	...	6	3	2	5
Totals			64	63	127	44	24	68	62	53	115



TABLE G.—The Causes and Number of Deaths in the Localities of the District.

	Smallpox.	Measles.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Whooping Cough.	Typhus Fever.	Enteric Fever.	Other or Doubtful Fevers.	Cholera.	Rheumatic Fever.	Pyæmia.	Ague.	Puerperal Fever.	Erysipelas.	Phthisis.	Bronchitis.	Pneumonia.	Pleurisy.	Heart Disease.	Injuries.	All Other Diseases.	TOTAL.
Birker and Austhwaite	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	5	...	...	1117
Bootle	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Corney	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	...
Drigg	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eskdale and Wastdale	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Irton ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Millom	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Muncaster	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulpha	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Waberthwaite	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whitbeck	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whicham	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Seascale	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	3	7	5	...	13	24073	...	...

TABLE G.—The Causes and Number of Deaths in the Localities of the District.

[illegible]

TABLE A. L. G. B.—Mortality from all Causes at subjoined Ages (1905).

	At all Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards
Birker and Austhwaite	...	...	...	...	...	...	...
Bootle	17	...	...	1	2	5	9
Corney	...	...	...	...	...	...	...
Drigg	4	1	...	...	...	2	1
Eskdale and Wastdale	3	...	...	...	...	1	2
Irton	6	1	...	...	...	4	1
Millom	15	2	2	...	...	6	5
Muncaster	8	...	1	...	...	3	4
Ulpha	4	...	...	...	...	2	2
Waberthwaite	2	...	...	...	...	...	2
Whitbeck	4	1	...	1	1	1	...
Whicham	8	1	3	...	...	2	2
Seascale	2	...	...	...	...	1	1
TOTALS...	73	6	6	2	3	29	29

TABLE H.—AGE MORTALITY.

1905.

Deaths during		1904			1905									
		Under 5 years & 5 years upwards			Under 5 years & 5 years upwards									
1904	1905	Diseases.	Males	Females	Total	Males	Females	Total	Males	Females	Total			
...	...	Smallpox ... ..												
...	...	Measles ... ..												
1	...	Scarlet Fever ... ..				1	1							
...	2	Diphtheria ... ..							1	1	2			
...	...	Membranous Croup ... ..												
...	1	Whooping Cough ... ..					1	1						
...	...	Enteric Fever ... ..												
...	...	Diarrhœa and Dysentry ... ..												
...	...	Rheumatic Fever... ..												
...	...	Puerperal Fever ... ..												
3	...	Parturition... ..	1		1	2	2							
...	...	Other or Doubtful Fevers ... ..												
2	3	Phthisis ... ..				1	1	2		3	3			
3	7	Bronchitis ... ..	2	2	4	1	1	2	2	5	5			
5	5	Pneumonia ... ..	1	1	2	3	1	4	1	2	3			
...	...	Pleurisy... ..												
11	13	Heart Disease ... ..				7	4	11	...	1	1	9	3	12
...	...	Tubercle of Lymph Glands ... ..												
...	1	Detentions and Convulsions ... ..							1	...	1			
1	5	Diseases of Brain & Nervous System ... ..	1	...	1	...	...	...	1	1	2	2	1	3
7	4	Malignant Disease ... ..				5	2	7				1	3	4
4	2	Injuries ... ..				3	1	4				2	...	2
...	...	Erysipelas ... ..												
1	1	Syphilis... ..	1	...	...	...	...	...				1	...	1
30	28	All Other Diseases ... ..	4	1	5	12	13	25	2	1	3	6	19	25
68	71	TOTALS ... ..	10	1	11	32	25	57	7	5	12	34	27	61

TABLE I.—NOTIFICATION ACT.—List of Cases Notified during 1905.

TOWNSHIP.		Smallpox.	Cholera.	Diphtheria.	Membranous Group.	Erysipelas.	Scarlet Fever.	Typhus.	Enteric Fever.	Continued or Relapsing Fever.	Puerperal.	TOTAL.
Birker and Austhwaite	..	..	..	..	..	..	18	..	..	..	..	18
Bootle ..	..	..	..	..	..	..	..	..	..	..	..	..
Corney ..	..	..	..	..	..	1	3	..	..	..	..	4
Drigg ..	..	..	..	..	..	..	..	..	..	..	..	..
Eskdale ..	..	..	..	..	..	..	..	..	..	..	..	..
Wastdale ..	..	..	..	1	..	..	..	..	..	..	..	1
Irton ...	..	..	..	..	..	..	4	..	..	..	..	4
Millom ..	..	..	..	..	..	..	..	..	..	..	..	..
Muncaster ..	..	..	..	..	..	..	1	..	..	..	..	1
Ulpha ...	..	..	..	..	..	..	..	..	..	..	..	..
Wabarthwaite	..	..	..	..	..	..	..	..	1	..	..	7
Whitbeck ..	..	..	..	..	..	..	2	..	..	..	..	2
Whicham ..	..	..	..	..	..	..	1	..	..	..	..	9
Seascale ..	..	..	..	1	..	1	8	..	..	..	..	..
TOTALS	..	..	..	1	..	2	37	..	1	..	..	46



TABLE J.—NOTIFICATION ACT.—Age Record of Cases Notified during 1905.

	Under 5 years.	5 years and upwards.	TOTAL.
Smallpox...	...	...	...
Cholera ...	...	...	...
Diphtheria ...	1	5	6
Membranous Croup...	...	...	...
Erysipelas ...	...	2	2
Sarlet Fever ...	8	29	37
Typhus ...	...	...	...
Enteric ...	...	1	1
Continued or Relapsing Fevers	...	...	...
Puerperal Fever ...	...	...	...
TOTALS ...	9	37	46

TABLE K.—NOTIFICATION ACT.—MONTHLY RECORD.

	Smallpox.	Cholera.	Diphtheria.	Membranous Croup.	Erysipelas.	Scarlet Fever.	Typhus Fever.	Enteric Fever.	Continued or Relapsing Fever.	Puerperal Fever	TOTAL.
January ...	...	...	...	...	...	12	...	...	...	...	12
February...	...	...	...	...	...	4	...	...	...	...	4
March ...	...	...	1	...	...	4	...	...	...	...	5
April ...	...	...	...	...	1	7	...	...	...	...	8
May ...	...	...	...	...	...	6	...	...	...	...	3
June ...	...	...	2	...	...	1	...	...	...	...	3
July ...	...	...	2	...	...	1	...	1	...	...	4
August ...	...	...	1	...	1	1	...	...	...	...	3
September	...	...	...	...	...	1	...	...	...	...	1
October ...	...	...	...	...	...	...	...	...	...	...	...
November	...	...	...	...	...	...	...	...	...	...	...
December	...	...	...	...	...	3	...	...	...	...	3
TOTAL ...	...	...	9	...	2	37	...	1	...	...	46

